

CLAIMS ONLY						Application Number 08/700 739		Filing Date				
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
1	✓						51					
2							52					
3	✓						53		✓			
4							54			✓		
5							55					
6							56					
7	✓						57			✓		
8	✓						58					
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40							90					
41							91					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	10						Total Indep					
Total Depend	35	←	←	←			Total Depend	7	2	←	←	
Total Claims	45						Total Claims	9				